

MED SOP
CHAPTER 2
TRAINING

	<u>PARAGRAPH</u>
GENERAL.....	2001
RESPONSIBILITY.....	2002
LESSON PLANS.....	2003
FMF WARFARE SPECIALIST DESIGNATION PIN.....	2004
TRAINING OF MEDICAL OFFICERS.....	2005
TRAINING OF HOSPITAL CORPSMEN.....	2006
COMBINED MEDICAL TRAINING FOR MARINE CORPS AND HOSPITAL CORPS PERSONNEL.....	2007
MEDICAL TRAINING OF MARINE CORPS PERSONNEL.....	2008
FOOD HANDLERS TRAINING.....	2009
REQUEST FOR SCHOOL.....	2010
OFF DUTY STUDY.....	2011
PHYSICAL FITNESS.....	2012

MED SOP

CHAPTER 2

TRAINING

2001. GENERAL. The continuous individual and unit training of medical personnel assigned to this command is essential. In general, training will include medical, technical and administrative procedures, establishment of field medical facilities, techniques of casualty care, evacuation and medical tactics. Special emphasis will be placed on individual basic skills including, but are not limited to, emergency medical procedures, handling of casualties, NBC treatment and decontamination, hot/cold environment casualties and field sanitation. MO's will familiarize themselves with the principles and procedures associated with triage, primary care of war wounds, resuscitation, combat psychiatry and military preventive medicine. A continuing medical indoctrination program for all medical personnel will be conducted, stressing the aspects of prevention, control and diagnosis/treatment of common and uncommon tropical diseases. A minimum of two hours of informal instruction is required each week for Hospital Corps personnel. Additionally, Marine Corps personnel will receive familiarization on individual and unit measures employed in preventive medicine and a comprehensive course on self-aid, buddy-aid, and techniques of casualty handling and evacuation.

2002. RESPONSIBILITY.

1. Organizational commanders are responsible for establishing and conducting an effective training program which fulfills the requirements of the current training program established by the GruSurg. Among the training requirements to be met are:

a. Informal "on-the-job" training (OJT) on a continuous basis for Hospital Corpsmen including general military training subjects primarily geared towards advancement.

b. Training in self-aid, buddy-aid and casualty handling for non-medical personnel.

c. Food handler training for all Marine Corps food service personnel attached to the command.

MED SOP

d. Medical aspects of NBC warfare defense.

2. Each organization having Navy medical personnel assigned will appoint in writing, an officer or senior petty officer of the medical department as Medical Training Officer (MTO). The MTO will be responsible for:

a. Conducting an informal in-service training program per paragraph 3011 of this manual. A copy of training schedule will be forwarded to the GruSurg office, attention GMTC.

b. Assigning instructors from within the unit to instruct required subjects. When expertise in a particular area is not available at the local level, guest lecturers may be requested through the GMTC.

c. Maintaining training database for USN and USMC personnel who are attached to the unit and of personnel who attended training. These databases shall be a current version of SAMS and the 3d FSSG Training Tracking System database located on the Surgeon's Website as a backup to SAMS.

d. Hospital Corpsmen and Dental Technicians are hereby encouraged to participate in the Marine Corps MCI course program to satisfy military training.

e. Maintaining a Medical Department Correspondence Course Training Log which reflects the following information:

(1) Individuals name

(2) Course title

(3) Course number

(4) Date ordered

(5) Date resolved

(6) Date completed

f. Ordering Navy Correspondence Courses can be accomplished at the local level through the MTO or the Education Service Office (ESO), Personnel support Detachment, Okinawa.

MED SOP

g. Preparing individual training records for Navy personnel. Such records will contain past training history, non-physician health care provider packages and other documents related to individual training. This training record is to be transferred with the individual upon permanent change of station (PCS).

h. Ensuring that required reports are submitted per current policy to the GMTC. It is recommended that after each training session, the SAMS and Tracking Training System be updated. This will fulfill the units responsibility for submitting the Monthly Medical Training Statistics Report. It will be the GMTC's responsibility to print off all required reports from the online Tracking Training System.

2003. LESSON PLANS.

1. The GMTC will prepare standard Navy lesson plans for each topic that is presented and will post them on the Surgeon's Website.

2. Lesson plans will be reviewed annually by the GMTC and clearly marked with the date of the review, name of the reviewer, and will be approved by the GruSurg.

3. There is no intent to reduce the quantity of training by requiring lesson plans for one-time subjects or for those occasions when the unit has its MO's or other experts present a lesson.

2004. ENLISTED FMF WARFARE SPECIALIST DESIGNATION PIN.

1. The Enlisted Fleet Marine Force Warfare Specialist (EFMFWS) Program is an intensive Navy/Marine Corps qualification program designed to establish expert proficiency in all areas of the Marine Corps. It is highly recommended that all Sailors of 3d FSSG participate in this program. Although it is not required for E-4 and below personnel to qualify for this designation, it is required for all E-5 and above Sailors to qualify in this program.

2005. TRAINING OF MEDICAL OFFICERS.

1. It is desirable that MO's maintain a continuing course of self-study or enroll in correspondence courses with emphasis on

MED SOP

medical matters peculiar to areas where 3d FSSG or its elements may be called upon to operate.

2. When operations and funding permit, officers are encouraged to attend professional conferences or seminars in order to broaden and maintain their professional expertise. All requests for attendance at conferences or seminars will be submitted to the GruSurg via the Professional Affairs Coordinator (PAC) for approval.

3. Varied medical training provided in terms of formal continuing medical education (CME) credit courses such as cold weather medicine training is available by arrangement with USNH Okinawa specialty clinics, grand rounds and other hospital meetings.

4. The Navy Correspondence Course Manual offers MO training with courses such as combat and field medicine practice, insect and rodent control, medical service in joint overseas operations, Navy regulations, clinical laboratory procedures, medical department orientation, Air War College, Naval War College and many more.

5. Graduate medical education and residency training requests should be submitted to the Naval School of Health Sciences (NSHS), Bethesda with an endorsement from the GruSurg no later than 01 July in order for selection and approval to be effected yearly in September.

2006. TRAINING OF HOSPITAL CORPSMEN.

1. Billet Rotation. Rotation for training in the various billet assignments with 3d FSSG is essential. Provisions must be made in each unit to have a minimum of two Corpsmen training in each billet. Cross training enhances the individual Hospital Corpsman growth potential.

2. Navy medical personnel will receive required training at least annually, or more often if deemed appropriate by the GruSurg. This training is focused toward the knowledge all Hospital Corpsmen will need in a deployment/combat situation. Training will include, but is not limited to the following:

a. Recognition of Injury

MED SOP

- b. Triage/Education
- c. Code of Conduct
- d. Prevention of Sexual Harassment
- e. Education Advisement
- f. Financial Advisement
- g. Field Preventive Medicine
- h. Emergency Med. Procedures
- i. Operations Security
- j. Safety/HAZMAT
- k. Naval History, Customs and traditions
- l. AMAL/TE
- m. Suicide
- n. Substance Abuse
- o. DD 1380
- p. CPR
- q. Legal Assist.
- r. JEV Vaccine
- s. Health Records
- t. NBC Defense
- u. HIV Education

2007. COMBINED MEDICAL TRAINING FOR MARINE CORPS AND HOSPITAL CORPS PERSONNEL.

1. Not only has the need for deployment/combat training been identified, but a need for additional training must be

MED SOP

incorporated into each units training program. Its purpose is to provide Marines and Sailors with the proper tools to live a positive healthy, physical, and mental lifestyle. All of the following subjects will be further discussed within chapter 3 of this order. In addition to the above subjects listed, the following subjects have been added into the annual medical training program. Personnel who show "at risk" characteristics should be afforded this information more than once annually:

- a. Tobacco use
- b. Alcohol abuse
- c. Sports medicine—to include but not limited to:
 - 1) Types of sports injuries.
 - 2) Proper stretching exercises.
 - 3) Light and limited duty status.
 - 4) Sedentary Lifestyles vs. Regular Exercise.
 - 5) Physical Fitness Assessment.
- d. Nutrition—to include but not limited to:
 - 1) Proper diet.
 - 2) Cholesterol control.
 - 3) Resting Heart Rate and Blood pressure control.
 - 4) Weight control/Body Mass Index (BMI).
- e. Signs and symptoms of Skin cancer.
- f. Dental Classifications.
- g. Social Support—to include but not limited to:
 - 1) Clinical Depression.
 - 2) Causes/Management of Stress.

MED SOP

3) Suicide and Suicide Ideations.

4) Risk-Taking Behavior.

4. All USN and USMC personnel will sign a training roster that will be kept on file within each unit. The BMAT is responsible for updating all training number on the online Tracking Training System no later than the 22nd of each month.

2008. MEDICAL TRAINING FOR MARINE CORPS PERSONNEL

1. Certain medical subjects are prescribed by the Commandant of the Marine Corps (CMC) as basic warrior skills. Enlisted Marines are required to be evaluated and trained in the these subjects to maintain their proficiency.

2. Marine Corps personnel will receive at least annually, or more often if deemed appropriate, training given by a member of the BMAT staff. Training is to include but not limited to the following:

- | | |
|---|-------------------------|
| a. CPR | k. Personnel hygiene |
| b. Common injuries | l. Foot care |
| c. Burns | m. Heat/Cold injuries |
| d. Control of hemorrhage | n. HIV prevention |
| e. Splinting/Bandaging | o. STD prevention |
| f. Head injuries | p. Vector-borne disease |
| g. Chest wounds | q. Animal bites |
| h. Treatment of shock | r. JEV prevention |
| i. Field sanitation | s. Malaria prevention |
| j. Transportation of the sick and injured | |

2009. FOOD HANDLERS TRAINING

1. Initial training and subsequent semi-annual training will be given to all food service personnel assigned in messes and clubs

MED SOP

for a period in excess of 30 days. Such training will be conducted per reference (c).

2. The CPMU will provide food handlers technical training, as specified in Chapter 5 of this manual.

2010. REQUESTS FOR SCHOOL

1. Requests for Hospital Corpsman and Dental Technician "C" schools will be processed by the Group Career Counselor to prevent administrative errors and eliminating the reporting by the collateral duty career counselors. The timely submission of all packages and the administrative correction of the school request are of the utmost importance. The preparation, submission, and enclosures are the commands responsibility.

2011. OFF-DUTY STUDY

1. Navy courses will be procured by the unit MTO upon the member's signed request.

2. The Pass Liaison Representative (PLR) for each unit will ensure all courses are properly graded and entries made in the member's service record. Copies of answer sheets are located at PSD and ESO.

3. Applications for BUMED sponsored out-service training in accredited civilian institutions will be submitted to NSHS via the GruSurg.

2012. PHYSICAL FITNESS

1. Reference (c) has been implemented for Navy personnel, active and reserve, to meet the need for physical stamina and strength necessary for combat effectiveness and mobilization and includes a requirement for semi-annual testing.

2. All members of the Navy, except those temporarily excused for medical reasons, will be personally responsible for attaining and maintaining themselves in a condition of physical fitness that will enable them to perform their duties whenever required and present a sharp, trim military appearance. Such condition will be accomplished through regular participation in physical fitness programs. Unit commanders shall encourage

MED SOP

medical department personnel under their cognizance to take necessary action required to maintain or improve health/fitness by providing the essential recognition and facilities to attain these goals.

3. Hospital Corpsmen may perform the Marine Corps PFT or be evaluated utilizing Marine Corps standards if they so choose.

4. SMDR's will monitor the general fitness of their personnel for field duty and enroll them into the remedial physical fitness program if deemed necessary.

5. Command fitness Leaders (CFL) will ensure that the risk factor screening/physical readiness test results form is initiated on all navy personnel. This form must be included in the individual training record and forwarded with the individual upon transfer.

6. CFL's will complete a Command Physical Readiness Report and submit it to the Group CFL's office no later than 15 September each year.